

**FCC Form 499-Q Telecommunications Reporting Worksheet**

Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing <<<

Approval by OMB  
3060-0855

<b>Block 1: Contributor Identification Information</b>		101	Filer 499 ID
102	Legal name of reporting entity		
103	IRS employer identification number		
104	Name telecommunications provider is doing business as		
105	Holding company [All affiliated companies should show same name here.]		
106	FCC Registration Number (FRN)		
107	Complete mailing address of reporting entity's corporate headquarters		

<b>Block 2: Contact Information</b>				
108	Person who completed this worksheet	First	MI	Last
109	Telephone number of this person	( ) -		
110	Fax number of this person	( ) -		
111	Email of this person			
112	Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]			

<b>Block 3: Contributor Historical and Projected Revenue Information</b>				
113	Year of historical revenue information			
114	Indicate which quarterly filing this represents	<b>Filing due</b> <input type="checkbox"/> February 1 <input type="checkbox"/> May 1 <input type="checkbox"/> August 1 <input type="checkbox"/> November 1	<b>Historical revenues for</b> October 1 - December 31 (prior year) January 1 - March 31 April 1 - June 30 July 1 - September 30	<b>Projected revenues for</b> April 1 - June 30 July 1 - September 30 October 1 - December 31 January 1 - March 31 (following calendar year)
Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.		Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115	Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP			
116	End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
117	All other goods and services	Column (b) and (c) not requested for Lines 117 and 118		
118	Gross-billed revenues from all sources [sum of above]			
119	Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
120	Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			

<b>Block 4: CERTIFICATION: to be signed by an officer of the reporting entity</b>				
121	I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. <input type="checkbox"/>			
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.				
122	Signature			
123	Printed name of officer	First	MI	Last
124	Position with reporting entity			
125	Email of officer    Required if available			
126	Date			
127	This filing is: <input type="checkbox"/> Original filing <input type="checkbox"/> Revised filing [revisions due within 45 days of original filing deadline]			

Do not mail checks with this form. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036**  
 For additional information regarding this worksheet contact Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001